

no 8

An

Inaugural Essay

on

Scurrilous, Scur. Alms & Whites

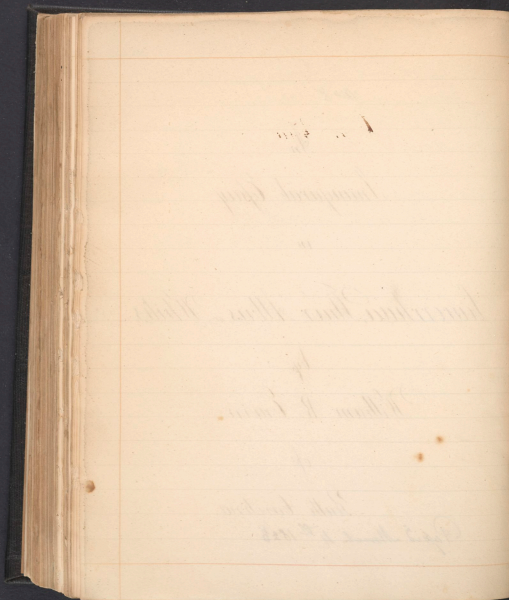
by

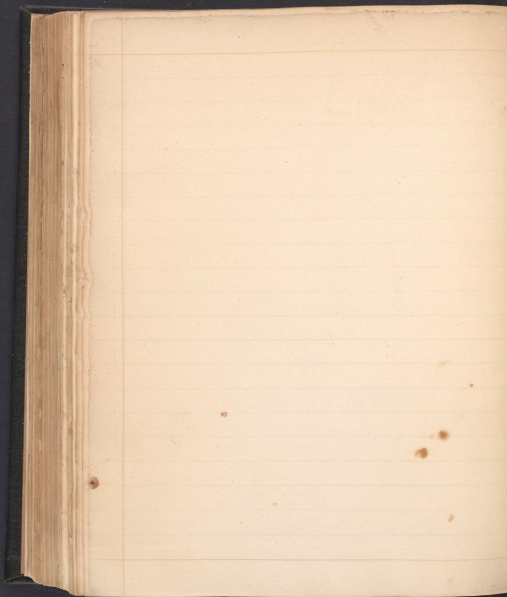
William R. Erwin.

of

South Carolina.

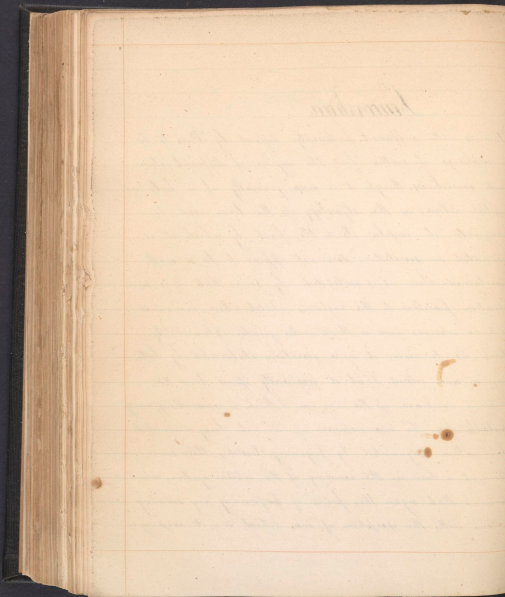
Paper March 4th 1823



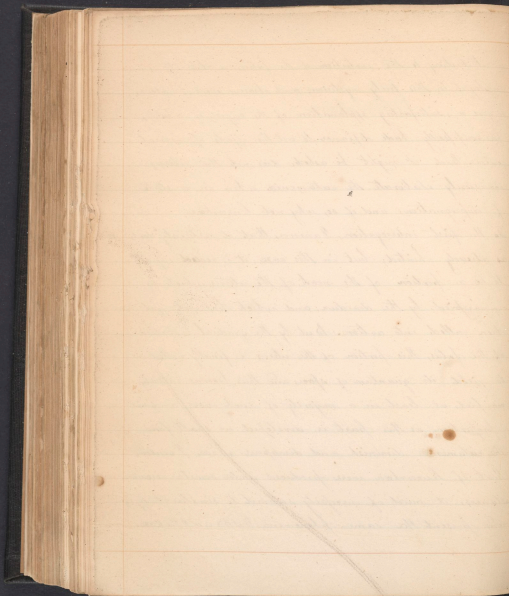


Leucorrhœa.

This is with sufficient perspicuity, defined by Parr to be a discharge of matter from the vagina of different colours and consistencies, though it is more generally of a pale or whitish colour, as the etymology of the term used to designate it implies. But the part by which it is generated or secreted, does not appear to be so well ascertained. Thus, it is contended by some, that it is a secretion peculiar to the vagina, whilst others pronounce it to be uterine, and a third with greater plausibility teach us to view it as a secretion elaborated by both vagina and uterus. That it frequently issues from the mucous membrane of the vagina, I think, is rendered sufficiently probable, from the circumstance of its not being diminished, but rather augmented by pregnancy. Besides, there seems to exist a law in the economy of the uterine system, which denies to that organ the power of performing any secretory action, with the exception of one, which is not necessary.



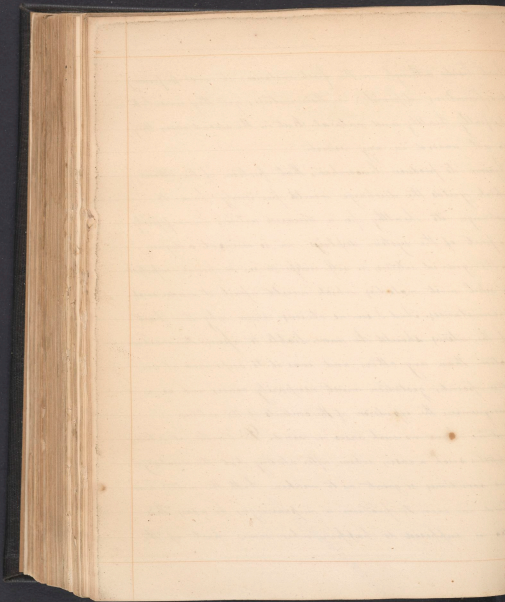
or tributary to the evolution of the fetus, whilst it is employed in this truly mysterious and obscure work of nature, to give a satisfactory explanation of the origin of which, has consequently made defiance to all the efforts of medical genius. But it might be asked, does not the uterus occasionally elaborate the catamenia when in a state of impregnation and if so, why not leucorrhoea? To the first interrogation, I answer, that it certainly does, as already hinted, but in this case it is excited by all to be a portion of the neck of the uterus which is unoccupied by the decidua, and which has not yet been called into action. But by the gradual evolution of the fetus, this portion of the uterus is finally called on to yield its quantum of space, and thus becomes entirely occupied, at least in a majority of such cases, and in proportion as this part is developed, we shall find the catamenia diminish and disappear. Now, I contend that if leucorrhoea were produced under similar circumstances, it must of necessity submit to similar changes and present the same phenomena. But this is not the case.



And beside, although in the first instance, it was performing two functions dissimilar in their natures, yet they were both perfectly healthy and natural. But in the second case, they do not accord in any respect.

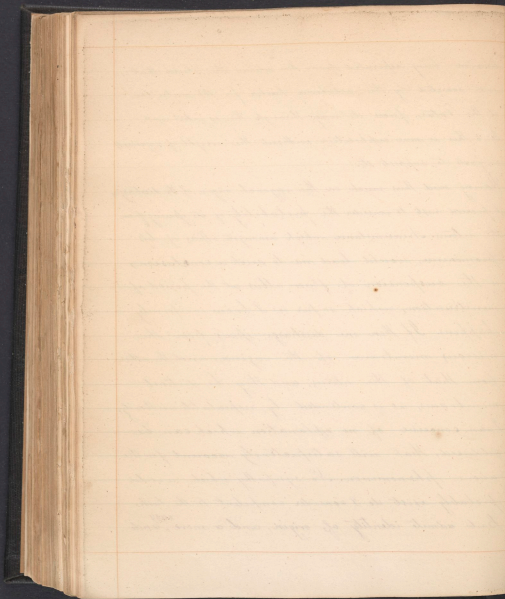
Again, to produce leucorrhoea, that portion of the uterus which yields the discharge would previously have to exchange its healthy for a diseased action, and consequently no part of the system displays in so eminent a degree as the gravid uterus, a self independence, a power competent to repel most maladies which would assail it under such circumstances. And I see no obvious reason why this part of the uterus should be more liable to assume this morbid action than any other, and was it to supervene at an other point, gestation must necessarily cease, and as a consequence, the expulsion of the contents of the uterus.

But we have no such cases on record. Dr Smellie, it is true, supposes such a case, when after stating that the discharge was sometimes so great as to weaken both the mother and child and even to produce a miscarriage, he adds, "this also is supposed to happen when some part of the



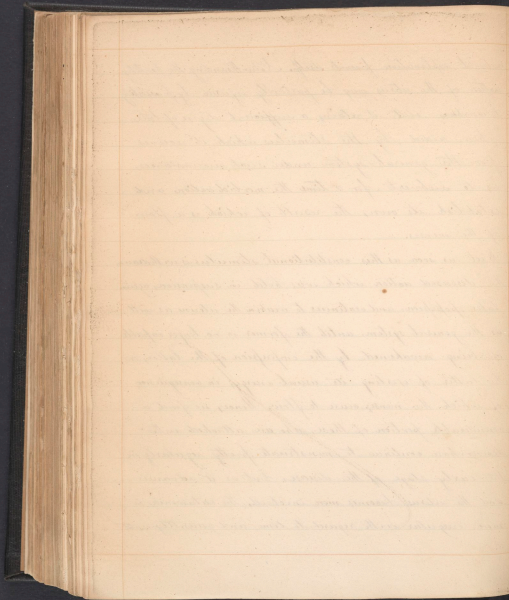
chorion being separated from the uterus, the fluid that was secreted by the decidua basalis for the nutrition of the Fetus, forces its way through the os internum. But this is mere supposition without the weight of argument, or facts to support it.

Having said thus much on the vaginal origin of the discharge, I proceed next to consider the probability of its issuing from the uterus. A circumstance which amongst others of less prominence, would lead me to such a conclusion, is the suspension of fluor albus at the period of menstruation, which so far as I know uniformly happens. If then one discharge issues from the mucous membrane of the vagina, and the other from that of the uterus, and they be distinct membranes, as is contended by respectable authority, I can conceive of no explanation which can be adduced, that will satisfactorily account for the above phenomenon. No sympathy which would probably exist do I consider competent to the task. But admit identity of origin, and a more ^{easy} and



natural explanation presents itself. Notwithstanding the healthy action of the uterus may be partially injured by persisting leucorrhæa, still, it retains a sufficient degree of tone when aided by the stimulus which it receives from the general system under such circumstances, as to subvert for a time the morbid action and establish its own, the result of which is a flow of the menses.

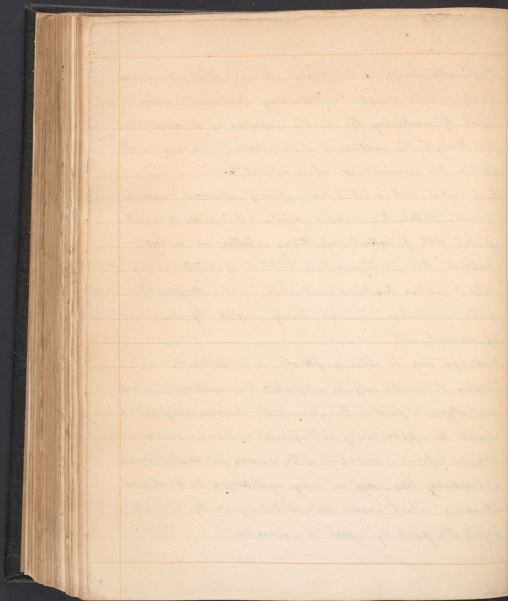
But as soon as this constitutional stimulus is withdrawn, the diseased action which was held in suspension, again takes possession, and continues to weaken the uterine as well as the general system, until the former is no longer capable of being awakened by the impression of the latter, or the latter of exerting its usual energy; in consequence of which the menses cease to flow. Hence, we find a considerable portion of those, who are attacked with leucorrhæa continue to menstruate pretty regularly in the early stage of the disease, but as it advances and the uterus becomes more involved, the catamenia is more irregular with regard to time and quantity until



it finally ceases, if the disease be not arrested. Leucorrhœa
purely from the vagina, I consider, may produce the same
effect by weakening the healthy functions of the constitution,
and through the medium of it the uterus. In this way I would
explain the circumstance above alluded to.

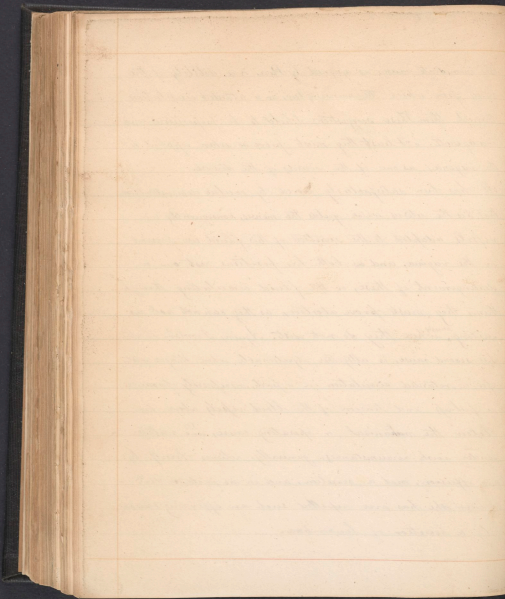
But content with what I have already advanced, I cease to
pursue, farther, this contested point, as I consider it a matter
of but little practical importance, whether one or both
constitute the *punctum saliens* or point of origin, as they
yield to similar treatment and alike involve the functions
of the constitution, if not timely arrested by the power
of medical aid.

Leucorrhœa may be either symptomatic or idiopathic. It is my
intention to consider only the idiopathic. The remote causes which
are alleged to produce this form of the disease, more particu-
larly, are the application of cold, general or local, a penurious
diet, too copious evacuations of the menses, abortion, an inactive
and sedentary life, excess in venery, agitations of the mind, and
all causes which weaken the constitution generally, or locally
affect the parts by which it is secreted.



The immediate cause, as assigned by Parr, is a debility of the vessels from which the menses flow, or a retarded circulation through them. These suggestions I hold to be preposterous and inadequate. At least they must prove so when applied to the vagina, as one of the sources of the disease.

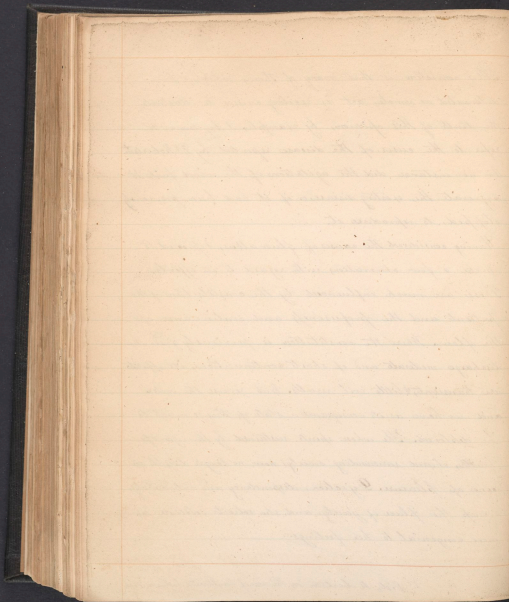
It has been satisfactorily proved by ocular demonstration, that it is the uterus which yields the menses, consequently no vessels adapted to the secretion of this fluid are present in the vagina; and as both his positions rest on a derangement of these, or the fluid circulating through them, they must prove abortive, as they cannot act as ^{causes} ~~causes~~ where they do not exist. Again, I contend that his second cause, is altogether objectionable where they do exist, for a retarded circulation in a part, necessarily produces a fulness and tension of the blood vessels above and below the mechanical or operating cause, and nature under such circumstances, generally, relieves herself by an effusion, not a secretion, and in no instance do I believe she has ever repelled such an offending cause by a secretion of leucorrhœa.



My conviction is that many of these, which I have delineated as remote, act as exciting causes. To illustrate the truth of this opinion, by examples I beg leave to refer to the cases of the disease reported by Dr Robertson. In no instance did the agitation of the mind fail to aggravate the existing disease, or if it had been previously stopped, to reproduce it.

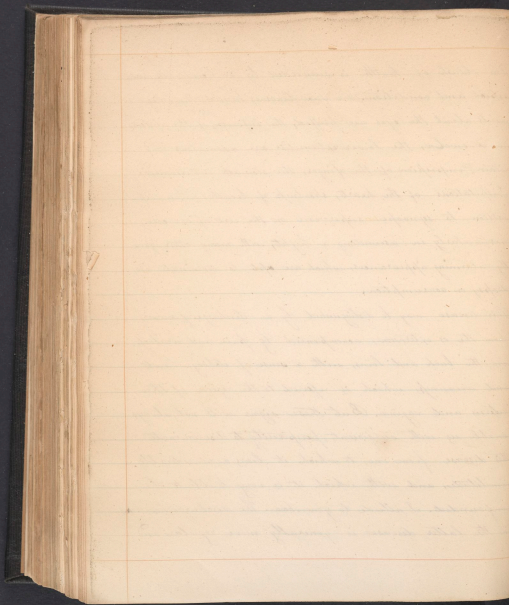
Having considered the causes of fluor albus, I proceed to make a few observations with regard to its effects. These are much influenced by the constitution of the patient and the profuseness and continuance of the flow. Where the constitution is previously good, the discharge moderate and of short continuance, its effects are transient, little evil results. But reverse the order and we have as its consequence a state of things much to be deplored. The whose spirits sustained by the vigor of health, shared surrounding society; now, no longer delights in scenes of pleasure. Dignity, despondency and melancholy, usurp the place of gaiety, and she solicits solitude as more congenial to her feelings.

+ Vide, Robertson on the use of cantharides in leucorrhoea.



The blush of health is succeeded by the leucophlegmatic aspect and condition. The face becomes tumid, the integuments about the eyes are puffed, the inferior ^{part} of the abdomen is swollen, the lower extremities are œdematous and retain the impression of the finger, the stomach is disordered, palpitations of the heart, shortness of breath, and a disposition to syncope supervene on the use of exercise, particularly in ascending a height, with many other equally alarming appearances, which are apt to terminate in dropsy or consumption.

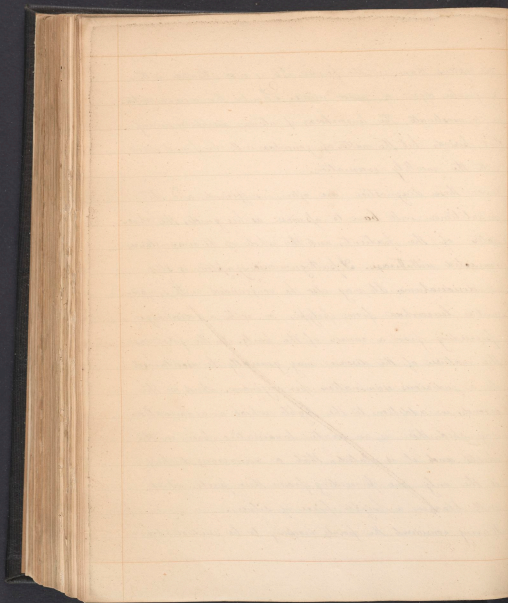
This disease may be distinguished by a discharge of mucus from the os uterinum, accompanied by pain and weakness in the back and loins, with a sense of itching, heat and uneasiness, which is referred to the region of the uterus and vagina. But these signs will not always enable us with sufficient perspicuity to discriminate the disease from one, to which it bears a considerable similitude, and with which it is very liable to be confounded. I allude to gonorrhœa. The discharge, however, in the latter disease is generally more regular and



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lip copious than in the former. It is also attended with
a greater degree of ardor urinae. Should the women contin-
ue to menstruate, the leucorrhoea, if uterine, disappears during
that period, but the matter of gonorrhoea will be found mixed
with the monthly evacuation.

Even these diagnostics are often insufficient, and the
practitioner will have to assume as his guide, the char-
acter of the patient, and the whole of the circumstances
connected with the case. A pathognomonic symptom is still
a desideratum. It may also be confounded with sympto-
matic leucorrhoea from polypus, or with a discharge
proceeding from a cancer of the parts. In the first case
the nature of the disease may generally be ascertained
by a judicious examination per vaginam. And in the
second, in addition to the light which an examination
may shed, there is an acute lancinating pain in the
parts, and it is stated, that a cancerous discharge
is the only one proceeding from these parts, which
will blacken a bright piece of silver.

Having considered the points necessary to be understood prior

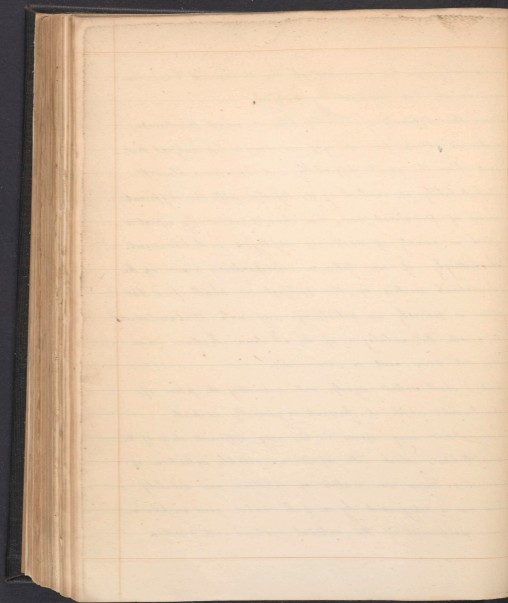


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to entering on the treatment of the disease, I have now arrived at that part of my subject.

From the different periods of life at which the disease makes its attack, for all ages are more or less subject to it, and from the great difficulty and sometimes almost impossibility of controlling it, together with the different views of practical men, we should naturally expect to find a variety of medicines employed in its treatment. Accordingly if we take a retrospectively view of the practical writers on this subject we shall find that there is scarcely an article of any note that contributes to swell the catalogue of the *Materia Medica*, which has not been used or recommended.

But I shall content myself with submitting the plan of treatment which at present is generally adopted.

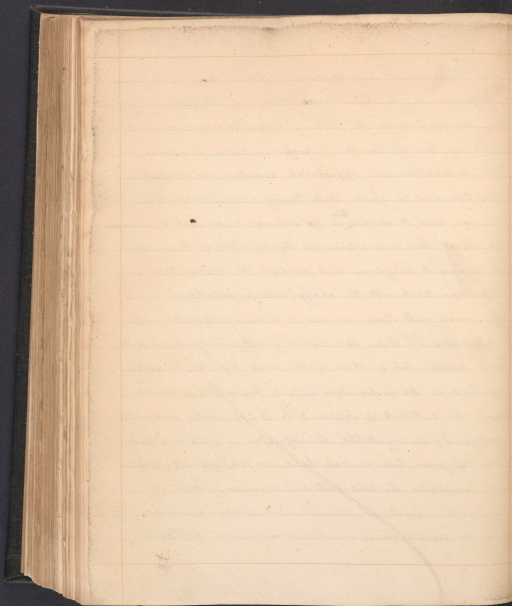
Leucorrhoea may occur in two very different states of the constitution, which will require a suitable selection of remedies. There are a state of plethora and debility. The one is recognised by a full habit, good complexion, some excitement in the arterial system with vertigo.



The other by a pale complexion, sallow skin, feeble pulse, lassitude and the other concomitants of debility.

In the first case, the primary indication is to reduce the state of the system to a proper medium. To answer this indication the appropriate remedies are venesection, laxatives and a spare diet. Having accomplished this, we are next to restore ^{time} to the stomach and check the discharge. To affect this, we administer tonics, either of the vegetable or mineral kingdom, and perhaps the best of these are Peruvian Bark and the chalybeate preparations.

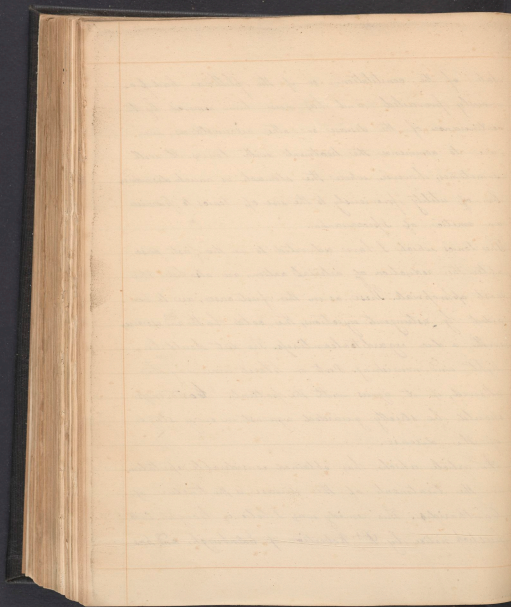
In union with these, we are to administer astringent injections. Of these, there are a great variety, but I shall only notice two or three of the most popular. The acetate of lead in the proportion of \mathfrak{zj} to $\mathfrak{z}ij$ or $\mathfrak{z}iij$ of water, and the sulphate of copper, \mathfrak{z} to $\mathfrak{z}iij$ of water, are highly useful. Of the vegetables, the infusion of galls, or a decoction of gran tea or oak bark, are perhaps most approved. As auxiliaries the cold bath and exercise judiciously employed will be found of considerable service. In the second case, or where it occurs in a debilitated



state of the constitution, or if the phthias had previously prevailed and has now been removed by the continuance of the disease on other circumstances, we are to commence the treatment with tonics. It will sometimes, however, where the stomach is much disordered, be of utility previously to the use of tonics to premise an emetic of *Spessanaha*.

The tonics which I have adverted to in the first case, after the reduction of arterial action, are also here the most appropriate. These, as in the first case, are to be aided by astringent injections, the cold bath and exercise, with a due regard to calcarities. The diet should be light and nourishing. Port or claret wine may be allowed, if it agrees with the patient. *Castoreum* should be strictly guarded against in every stage of the disease.

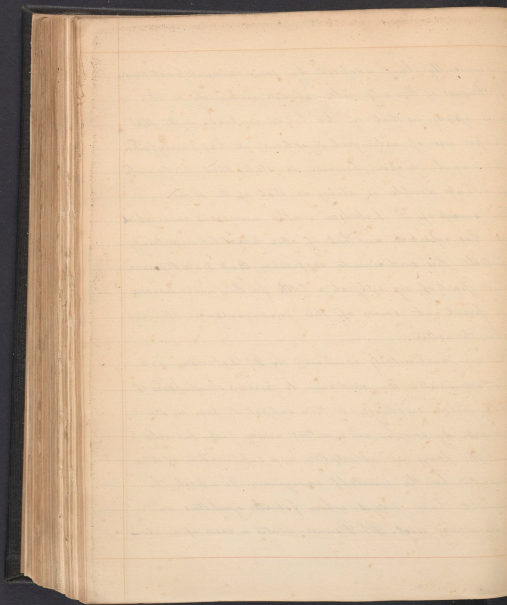
An article which has obtained considerable reputation in the treatment of this disease is the tincture of *Santharidis*. This remedy was, I believe, brought into public notice by Dr Robertson of Edinburgh, and has



subsequently been adopted by some eminent practitioners. Dr Powers of this city relies almost exclusively on it, and assures us that in his hands, combined with the proper use of astringent injections, it has rarely failed. It may be proper, however, to state, that his formula is about double as strong as that of the shops.

The success of Dr Robertson in the numerous cases which he has reported, and that of other practitioners certainly entitle this medicine to confidence. But I shall pursue this part of my subject a little farther, and endeavour to point out some of the inconveniences attending this practice.

We are particularly cautioned by Dr Robertson not to administer the medicine to persons predisposed to glandular swellings, to those subject to pain in the breast, dry cough, and symptoms arising from tubercles in the lungs, as inflammation and suppuration of these would be the inevitable consequence. To which he might have added, where febrile symptoms and pregnancy exist. Dr Powers relates a case of an above

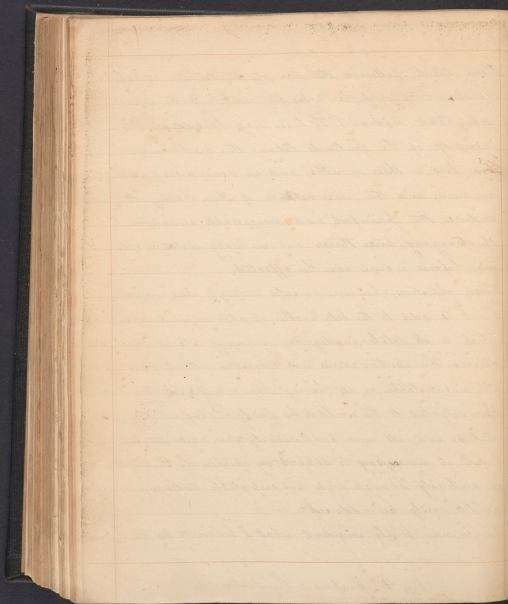


tion, which followed the use of the tincture of Santalidis, and which he imputes entirely to the effect of that medicine. To these may be added the necessity of the patients taking this medicine for one two or three months, and in some cases a year or more, and the circumstances of their having to endure the painful and disagreeable sensations of stranguery twice thrice and in many instances often, before a cure can be effected.

These objections, however, I would willingly pass over, had I not to add to the list, another of still major importance, which is its total inadequacy in many to cure the disease. This assertion carries such conviction with it, from the circumstance of its having been a sufficient time promulgated to the world to be fairly and impartially tested, and its now comparatively few advocates, that I deem it unnecessary to support my opinion by the weight of authority. Though high and respectable testimony could easily be adduced.⁺

I have now briefly considered what I believe to be the

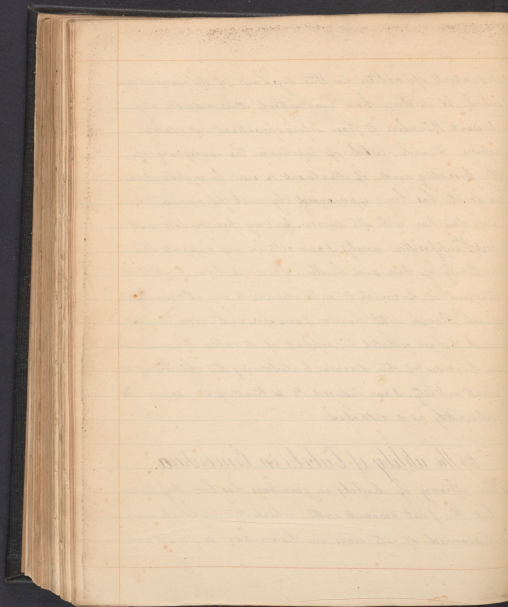
⁺ viz, Dr Chapman's Therapeutics.



prevailing practice in this age. Some of the inconveniences which it involves, have been noticed, others not; but may present themselves to those whose practical reputation opens a wide field of experience. The inadequacy of the preceding mode of treatment to cure leucorrhoea, I have no doubt has been experienced by most physicians, who are familiar with the disease. But my position does not rest, ^{upon} supposition merely. I can cite in my support the authority of Parr and Cullen. I have got before I finish, the treatment of leucorrhoea to call attention to one other remedy, which though little known, I am persuaded, from the facts which I have collected in support of its value, promises much in the cure of this disease. Entertaining this opinion of its great utility, I am induced to treat of it somewhat separately and detached.

Of the utility of Cubeb. in Leucorrhoea.

The efficacy of Cubeb. in gonorrhoea has been long known, but the first account with which the public were favoured of its uses in leucorrhoea is found in

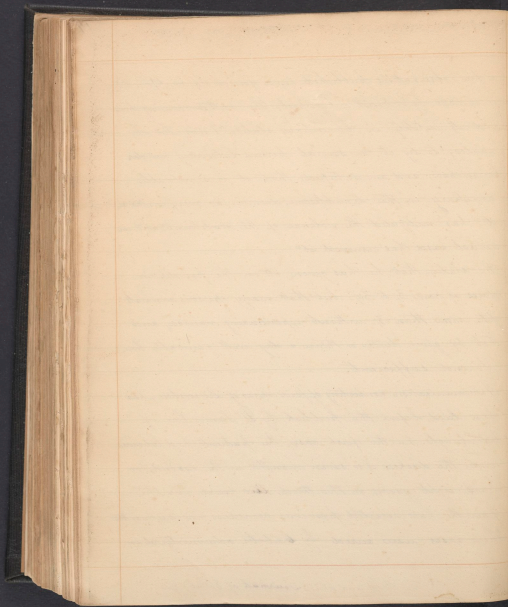


a few observations published in a foreign Journal,* for the year 1821 by P. Traill of Liverpool. The author having proved its utility in *Almonroha*, states, "I was led by analogy to try it on several persons labouring under *Lucernha*, and am satisfied, that it is a valuable auxiliary in this troublesome disease. In every instance it has mitigated the violence of the complaint; and in several cases has removed it"

He states, that he has given it in the powder in doses of from ʒi to ʒij, but that many persons cannot take more than ʒi without experiencing nausea, and that ʒij given twice or thrice a day will generally be found sufficient.

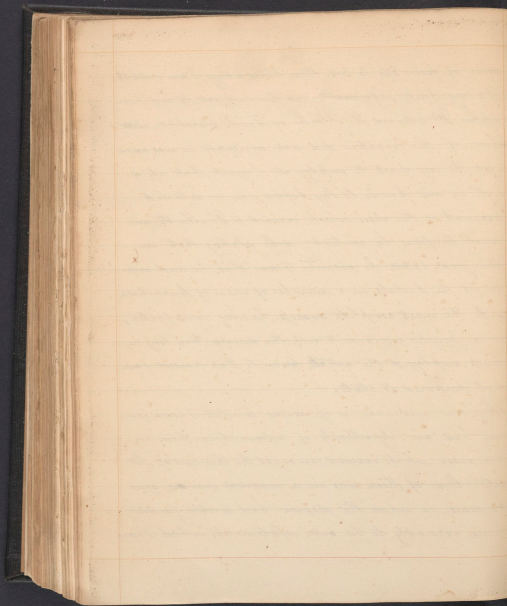
Ammoniacation consisting of four cases of *Lucernha*, has been laid before the publick by D^r James Orr of Edinburgh. In the first case, the patient had laboured under the disease for seven months; in the second, for nearly eight years; in the third, two years, and the fourth had resisted previous remedies for six months. These cases were cured by *Euboea*, administered in

* The Med. and Surg. Journals of Edinburgh.



doses of from 3ij to 3iv, three times a day. I am indebted
for my first information on this subject to my pre-
ceptor Dr. Edward W. North of South Carolina, with
whom, if the practice did not originate, he was amon-
g the very first to employ it. I regret that it is
not in my power to lay before you a detailed
account of the cases which occurred to Dr. North, and
must therefore be content with stating that in
the year 1820, he observed to me, that he had emp-
loyed the Subots in a number of cases of leucorrhoea,
with the most complete success, having never failed
in a single instance to cure the disease. How long he
had employed the artifice prior to that period I am
not prepared to state.

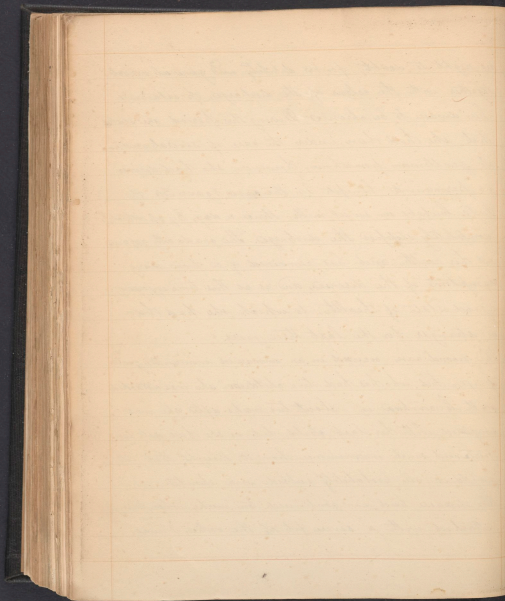
My own experience is of course limited. I have, how-
ever, had an opportunity of administering them in
two cases, which occurred amongst the paupers of this
city. One of them was in a married woman, aged
32 years, in whom the disease had existed for three
years, agreeably to her own statement, which I have



no right to doubt, for her debility and general aspect together with the colour of the discharge, proclaimed her disease to be chronic. During this period she stated that she had been under the care of several medical gentlemen from whom, however, she had derived no permanent benefit. In this case, I gave ʒss of Puls. cubeb. in sweet milk, three a day, ʒij of which, completely stopped the discharge. She gradually regained her health, and has remained free from every symptoms of the disease, and is at this time enjoying a good state of health, to which she had been a stranger for the last three years.

The second case, occurred in an unmarried woman, 22 years of age, but who has had two children; she was attacked with leucorrhoea in about two weeks after she was confined with her last child, but as she had not experienced much inconvenience from it, thought that it would in all probability subside sua sponte.

The disease had now continued two weeks, when being attacked with a severe fit of the colic, I was



sent for. After the pain had subsided, she unfolded
her situation to me, I immediately administered the
bubels precisely as in the first case, and in the
course of a few days, the discharge began to diminish
and soon disappeared. She has had no return of
the disease and is at this time apparently well.

I have now stated all the facts which I am in possession
of, with regard to this medicine in the treatment of
leucorrhoea, and certainly think, that it possesses advan-
tages, which we will not realize in the medicines
heretofore recommended. I consider, that it is more
safe, certain and prompt and less disagreeable, than
the remedies now in common use.

I have thus brought to a close the treatment of this
disease, and hope that the few facts which I have add-
ed may prove serviceable in its subsequent management.

